| Complete and cond | this form, together w | ith annlicable f | oo(s) to M | <u> Iail</u> Mail Stop IS | CHE FFF | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 5 2005 g | tinis form, together w | un applicable i | ee(s), to: <u>w</u> | Commission P.O. Box 14 | er for Patents | 3-1450 | |
| | | | or <u>F</u> | | - | | |
| NSTRUCTIONS: This prograture. All further of the corrected unless corrected aintenance fee notificated unitenance fee notificated | form should be used for tra correspondence including the d below or directed otherwis ions. | nsmitting the ISSU Patent, advance or e in Block 1, by (a | JE FEE and I rders and notin a) specifying a | PUBLICATION FEE (if fication of maintenance a new correspondence ac | required). Blocks fees will be mailed ldress; and/or (b) ir | I through 5 s I to the current indicating a sep | should be completed where correspondence address as arate "FEE ADDRESS" for |
| | NCE ADDRESS (Note: Use Block 1 fo | or any change of address) | | papers. Each add | ditional paper, such | as an assignm | or domestic mailings of the for any other accompanying ent or formal drawing, mus |
| 23460 | 7590 01/26/2005 | | | have its own cer | tificate of mailing o | r transmission. | - |
| TWO PRUDENT | ` & MAYER, LTD FIAL PLAZA, SUITE 4 ETSON AVENUE 0601-6780 | 900 | | I hereby certify States Postal Ser addressed to the transmitted to the | Certificate of M that this Fee(s) Transvice with sufficient Mail Stop ISSUI USPTO (703) 746 | ailing or Trans nsmittal is bein t postage for fin E FEE address 5-4000, on the | smission g deposited with the Unitec st class mail in an envelope above, or being facsimile date indicated below. |
| 2005 MBELETE2 00000155 121216 10731529 | | | | | elyn Hurd , | | (Depositor's name) |
| 1501 1400.0 1504 300.0 | | | | April | uly (21, 2005 | Nun. | (Signature) (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED | DINVENTOR | ATTORNEY | DOCKET NO. | CONFIRMATION NO. |
| 10/731,529 | 12/08/2003 | | Greg Rad | lemacher | 22: | 5159 | 3712 |
| | VENTILATION UNIT FOR | | CLE | | | | |
| APPLN. TYPE | VENTILATION UNIT FOR SMALL ENTITY NO | A MOTOR VEHIC | CLE EE | PUBLICATION FEE \$300 | TOTAL F | EE(S) DUE | DATE DUE |
| APPLN. TYPE nonprovisional | SMALL ENTITY | ISSUE FI | EE | PUBLICATION FEE | TOTAL F | EE(S) DUE | |
| APPLN. TYPE nonprovisional EXA | SMALL ENTITY NO | ISSUE FI \$1400 | EE O | PUBLICATION FEE \$300 | TOTAL F | EE(S) DUE | DATE DUE |
| APPLN. TYPE nonprovisional EXA LU Change of corresponde R 1.363). | SMALL ENTITY NO AMINER JIPING nce address or indication of "I | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 | EE O IIT 2. For print (1) the nan | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front punes of up to 3 registered | TOTAL F \$1 age, list | EE(S) DUE 700 | DATE DUE |
| APPLN. TYPE nonprovisional EXA LU Change of corresponde R 1.363). Change of corresponde reprovises from PTO/SB "Fee Address" indip PTO/SB/47; Rev 03-03 | SMALL ENTITY NO AMINER JIPING nce address or indication of "I | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 Correspondence | 2. For print (1) the nan or agents C (2) the nan registered a 2 registered | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front pa | TOTAL F \$1 age, list patent attorneys ag as a member a e names of up to | EE(S) DUE 700 | DATE DUE 04/26/2005 |
| APPLN. TYPE nonprovisional EXA LU Change of corresponde FR 1.363). Change of corresponde Address form PTO/SB "Fee Address" indi PTO/SB/47; Rev 03-0. Number is required. | SMALL ENTITY NO AMINER JIPING nce address or indication of "I andence address (or Change of /122) attached. cation (or "Fee Address" Indication (or "Fee Add | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 Correspondence eation form se of a Customer | 2. For print (1) the nan or agents C (2) the nan registered a 2 registered listed, no n | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front process of up to 3 registered DR, alternatively, one of a single firm (having attorney or agent) and the different attorneys or agent agent will be printed. | TOTAL F \$1 age, list patent attorneys ag as a member a e names of up to | EE(S) DUE 700 | DATE DUE 04/26/2005 |
| APPLN. TYPE nonprovisional EXA LU Change of corresponde R 1.363). Change of correspondes form PTO/SB 1"Fee Address" indip PTO/SB/47; Rev 03-0. Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unic | SMALL ENTITY NO AMINER JIPING and address or indication of "I and a continuous address of the continuous address of the continuous address of the continuous address" Indication (or "Fee Address" Indication (or more recent) attached. Use | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 Correspondence eation form se of a Customer BE PRINTED ON Total control of the | 2. For print (1) the nan or agents C (2) the nan registered a 2 registered a 2 registered interprint the control of the contro | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front penes of up to 3 registered DR, alternatively, ne of a single firm (havin attorney or agent) and the dipatent attorneys or agent ame will be printed. (print or type) ear on the patent. If an | TOTAL F \$1 age, list patent attorneys ag as a member a e names of up to atts. If no name is | EE(S) DUE 700 Leydig | DATE DUE 04/26/2005 , Voit & Mayer |
| APPLN. TYPE nonprovisional EXA LU Change of corresponde R 1.363). Change of correspondes form PTO/SB 1"Fee Address" indip PTO/SB/47; Rev 03-0. Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unic | SMALL ENTITY NO AMINER JIPING Ince address or indication of "I and the control of the contro | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 Correspondence sation form se of a Customer BE PRINTED ON Toelow, no assignee of this form is NOT | 2. For print (1) the nan or agents C (2) the nan registered a 2 registered a 1 registered a 2 registered for a substitute f | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front penes of up to 3 registered DR, alternatively, ne of a single firm (havin attorney or agent) and the dipatent attorneys or agent ame will be printed. (print or type) ear on the patent. If an | TOTAL F \$1 age, list patent attorneys age as a member a e names of up to ats. If no name is | EE(S) DUE 700 Leydig | DATE DUE 04/26/2005 , Voit & Mayer |
| APPLN. TYPE nonprovisional EX. LU Change of corresponde R 1.363). Change of corresponders form PTO/SB Tee Address indiperoving PTO/SB/47; Rev 03-07. Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unic recordation as set forth | SMALL ENTITY NO AMINER JIPING Indence address or indication of "I and the condition of the condition of the condition of "I and the condition of "Fee Address" Indication (or "Fee Address | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 Correspondence ration form se of a Customer BE PRINTED ON Toelow, no assignee of this form is NOT | 2. For print (1) the nan or agents C (2) the nan registered a 2 registered listed, no n THE PATENT data will appe T a substitute f | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front patents of up to 3 registered of the patent front patent front patents of a single firm (having attorney or agent) and the patent attorneys or agent and the patent attorneys or agent from the patent. If an after filling an assignment. | age, list patent attorneys ag as a member a e names of up to atts. If no name is assignee is identified | ILeydig solution and the solution is seen to be solved below, the solution is seen to be solved below, the solution is seen to be solved below, the solution is seen to be solved below. | DATE DUE 04/26/2005 Noit & Mayer document has been filed for |
| APPLN. TYPE nonprovisional EXA LU Change of corresponde FR 1.363). Change of corresponde FR 1.363). "Fee Address form PTO/SB "Fee Address" indip PTO/SB/47; Rev 03-07. Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGNEE OF ASS | SMALL ENTITY NO AMINER JIPING Indence address or indication of "I and the control of the con | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 Correspondence eation form se of a Customer BE PRINTED ON To selow, no assignee of this form is NOTO (B | 2. For print (1) the nam or agents C (2) the nam registered a 2 registered a 1 registered a 2 registered a 2 registered a 3 registered a 4 registered a 5 registered isted, no n THE PATENT data will appe T a substitute f 6 RESIDENC Mausers | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front patents of up to 3 registered of the patent attorney or agent) and the patent attorneys or agent attorneys or the patent. If an for filling an assignment. E: (CITY and STATE OF STATE OF STATESSE 3, D7 attent): | TOTAL F \$1 age, list patent attorneys age as a member a e names of up to ats. If no name is assignee is identified R COUNTRY) 0469 Stutt | Leydig solution and the solution is seen to be solved below, the solution gart, George | DATE DUE 04/26/2005 Noit & Mayer document has been filed for |
| APPLN. TYPE nonprovisional EX. LU Change of corresponde R 1.363). Change of corresponde Pro/SB Address form PTO/SB PTO/SB/47; Rev 03-07 Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGNED AND AND AND AND AND AND AND AND AND AN | SMALL ENTITY NO AMINER JIPING Indence address or indication of "I and the control of the con | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 Correspondence eation form se of a Customer BE PRINTED ON To selow, no assignee of this form is NOTO (B | 2. For print (1) the nam or agents C (2) the nam registered a 2 registered a 1 registered a 2 registered for a substitute f 3 RESIDENC Mausers inted on the pa 2. Payment of I | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front patents of up to 3 registered DR, alternatively, ne of a single firm (having attorney or agent) and the dipatent attorneys or agent and the patent attorneys or agent and the patent of filing an assignment. (print or type) ear on the patent. If an for filing an assignment. E: (CITY and STATE Of Strasse 3, D7 attent): Individual Fee(s): | TOTAL F \$1 age, list patent attorneys age as a member a e names of up to assignee is identified COUNTRY) 0469 Stutt | Leydig solution and the solution is seen to be solved below, the solution gart, George | DATE DUE 04/26/2005 Noit & Mayer document has been filed for |
| APPLN. TYPE nonprovisional EXALU Change of corresponde (R 1.363). Change of corresponde (R 1.363). The Address form PTO/SB (A 1.363). "Fee Address" indiperson (A 1.363). "Fee Address of corresponders (B 1.363). "Fee Address" indiperson (A 1.363). ASSIGNEE NAME AN PLEASE NOTE: Unlease to the coordation as set forth (A) NAME OF ASSIGNEE (A) NAME OF ASSIGNEE (B) (A) NAME OF ASSIGNEE (B) | SMALL ENTITY NO AMINER JIPING Indence address or indication of "I and the control of the con | ISSUE FI \$1400 ART UN 3749 Fee Address" (37 Correspondence ration form se of a Customer BE PRINTED ON To relow, no assignee of this form is NOT (But the control of th | 2. For print (1) the nan or agents C (2) the nan registered a 2 registered a 2 registered for a substitute f | PUBLICATION FEE \$300 CLASS-SUBC LASS 454-156000 ting on the patent front patents of up to 3 registered of the patent attorney or agent) and the patent attorneys or agent attorneys or the patent. If an for filling an assignment. E: (CITY and STATE OF STATE OF STATESSE 3, D7 attent): | TOTAL F \$1 age, list patent attorneys ag as a member a e names of up to assignee is identified COUNTRY) 0469 Stutt Corporation or of | Leydig solution and the solution is seen to be solved below, the solution gart, George | DATE DUE 04/26/2005 Noit & Mayer document has been filed for |

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Typed or printed name _____

Whill flugh

David M. Airan

Date April 21, 2005

Registration No. 38,811

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.